

1874

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>140 1694</u>
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>784</u>
Town of <u>Globe</u>			Local Registrar No. _____
or <u>Globe</u>			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>George Caplett</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	5. Legitimate? <u>yes</u>
7. Date of birth <u>Nov 19 1923</u>		Month Day Year	
6. No., in order of birth. _____			
FATHER		MOTHER	
8. Full name <u>Frank Caplett</u>		14. Full maiden name <u>Julia Morales</u>	
9. Residence (Usual place of abode) <u>W. Mesquite St. Globe</u>		15. Residence (Usual place of abode) <u>W. Mesquite St. Globe</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Half Mex & Half Irish</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) <u>Florence Ariz</u>		18. Birthplace (city or place) <u>Tucson Ariz</u>	
(State or country)		(State or country)	
13. Occupation <u>Blacksmith</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>mining</u>		Nature of industry _____	
20. Number of children of this mother (a) Born alive and now living <u>7</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>9 P.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Globe</u>	
		(Physician or midwife)	
Address _____			
Given name added from a supplemental report _____		Filed <u>11-20</u> 19 <u>29</u>	
Month, day, year.		Filed <u>12-5</u> 19 <u>28</u>	
Registrar. _____		County Registrar. _____	

733-1119-142